

PROGRAMME COORDINATING BOARD FIELD VISIT | 9-12 May 2016

# UNAIDS PCB Field Visit to China

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A Delegation from the UNAIDS Programme Coordinating Board (PCB), including all members of the PCB Bureau, undertook a field visit to Beijing, China 9-12 May 2016.

The Delegation, which was led by UNAIDS DXD, Jan Beagle, included members from Burundi, Ecuador, El Salvador, Ghana, Norway, and Switzerland, as well as representatives of the PCB NGO Delegation and UNAIDS Cosponsors, participating from the global, regional and national levels. The delegation met with a range of stakeholders engaged in China's multisectoral response to HIV but also stakeholders engaged in China's support to the response in Africa.

The Delegation met with senior officials from the Ministry of Health and Family Planning, China CDC, NCAIDS, as well as the Beijing Health and Family Planning Committee, development partners, the UN country team, and civil society with a focus on youth and affected populations and the private sector, including private sector companies engaged in the response in Africa.

Though China's overall percentage of people living with HIV appears relatively low, the absolute number of people living with HIV, with a population of 1.2 billion, remains high. The China field visit offered an opportunity to delve into regional disparity and city based issues as 12 out of 31 provinces account for 83.5% of all reported people living with HIV. The visit was, therefore, a valuable opportunity for Board representatives to observe the AIDS epidemic and the response of a country with a very diverse epidemic, which is highly concentrated in selected provinces and in large cities such as Beijing, but also an epidemic that has evolved in the country significantly over the years from initially having most new infections in injecting drug users (IDUs) and blood plasma donors to being related to sexual transmission and now to having over 30 per cent of new infections in men who have sex with men (MSM), and 60 per cent among heterosexual populations. In some cities such as Beijing city, 75 percent of new HIV infections were in MSM, reflecting a very different situation in the mega cities and in remote areas.

The visit also served to demonstrate the value of an integrated multisectoral response (and the support of the Joint Programme through the Joint Team) in support of the national AIDS

response, in the context of support for overall development efforts from the UN Country Team (UNCT) led by the UN Resident Coordinator.

The impressive surveillance system in China and the data drawn from it enabled discussions on how to focus investment based on strategic information and the importance of the population/location approach. Moreover, the complexity of the multistakeholder response in China allowed the Delegation to interact with a very diverse set of stakeholders and to see the value of city led responses to HIV, as well as the importance of regional targets based on the epidemiological realities.

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Key issues that were addressed during the visit:

- **Political leadership** and in particular the engagement of the top leaders (President and Premier) and the First Lady in campaigns has kept AIDS on the political agenda and also been critical to stimulate private sector engagement.
- The quality of data collection and the comprehensive **understanding of the epidemic** at national and the specific epidemic at city level (Beijing). The **rapid evolution and shifts in the epidemic** in China with the bulk of new HIV infections shifting from stemming from IDU to blood plasma and heterosexual transmission and now to a rapid increase among MSM call for constant monitoring of risk groups that are largely invisible, such as female partners of MSM and transgender.
- Challenges of **sustainable financing**, in particular for civil society led programmes, also in a middle income country.
- The need for a **prevention** reality check, particularly with regard to sexuality education at an early age, including addressing sexual diversity.
- The importance of **engagement of the private sector** and scaling up the successful

public private partnerships for the response in China, as well as China's contribution to the response in Africa.

- **Cost effectiveness of community led approaches** to reach population groups. Beijing data shows that 75 per cent of new HIV infections amongst the city's 27 million inhabitants were in MSM (4.3 million HIV tests in Beijing alone in 2015) and that 30 per cent of the new HIV cases were detected in the 30,000 tests undertaken by CBOs. Impressive results on EMTCT (Beijing has not had a single mother to child transmission in 2015).
- Implementation of effective **harm reduction programmes** (in 2015 there were no new HIV infections amongst the 4,000 IDUs enrolled in Beijing's Methadone substitution programme),
- The **significance of the UNAIDS Strategy 2016-2021, the HLM and the 2016 UNGA Political Declaration** fast tracking the response. Chinese civil society organizations have been participating through the Civil Society Task Force.

## **UNAIDS Programme Coordinating Board Field Visit to China | 9-12 June 2015**

### **Background**

The PCB field visit to China provided a valuable opportunity to understand the particular challenges of the AIDS response in the most populous country and the second largest economy of the world with an urban-dwelling population that has tripled since the late 1970s, including 250 million rural-to-urban migrant workers. Between 1990 and 2015, nearly 600 million people have been lifted out of poverty; these numbers contributed significantly to global poverty reduction efforts. China has also made significant efforts advancing health for adults and children (reduced infant and child mortality and the maternal mortality ratio too); education (net enrollment of girls and boys at primary school is more than 99%) and other areas to improve people's livelihoods.

With the impressive growth of China's economy, the significant presence, funding and technical support, of a range of multilateral and bilateral development partners and international non-governmental organisations has largely come to an end. Major health development programs of the World Bank, DFID, Australia and USAID came to an end and many UN Agencies have considerably downsized their budgets and technical capacities. This assistance has, to some extent, been replaced by new platforms for health cooperation with an increased focus on technical cooperation (e.g CDC) and the development of China's global health strategy (DFID, AusAID, UN).

China's most recently-published AIDS response progress report includes a 2015 national HIV prevalence of 0.042%, utilizing the 577,423 persons tested and reported living with HIV as the numerator. An official estimate of the size of the HIV-infected population in China has not been published since 2012, when the size of this population in 2011 was estimated to be 780,000,

and estimated number of new HIV infections and HIV related death was 48,000 and 28,000 respectively.

China's people who live with HIV (PLHIV) are concentrated among key populations at high risk of HIV whose size and HIV prevalence are very challenging to measure due to social marginalization. Even given those limitations, the available public health data suggest that MSM are emerging as the highest-risk key population. China's national HIV sentinel surveillance system indicates a steady rise in the HIV seroprevalence among MSM, from 1.3% in 2004, to 8% in 2015. Among female sex workers, prevalence has been comparatively low in recent years (0.2% in 2015). HIV seroprevalence among drug users has declined from approximately 7% in 2006 to 3% in 2015.

Over 110,000 new diagnoses of HIV were reported in China in 2015. The ratio of male-to-female new HIV diagnoses has been rising from 2.6:1 in 2011 to 3.7:1 in 2015. At national level, approximately two-thirds of newly-diagnosed HIV cases reported heterosexual sex as their sole HIV transmission risk factor; and some 30% reported male to male sex. However, in the major cities, data from Beijing from 2015 where 75% of new HIV infections were in MSM illustrates that the epidemic is even more concentrated. The total annual new HIV diagnoses among persons 15-19 years of age is double what it was five years ago, which suggests that incidence may be on the rise.

By the end of 2015, 577,423 PLHIV knew their HIV status and alive, 387,000 were receiving ART treatment, and 90.1% with suppressed viral loads

The key roles of the Joint Programme in the AIDS response in this context are to support strategy development (notably China's AIDS 2016-2020 Strategy under finalization); to guide a strategic response; to conduct policy dialogues and advocacy, both traditional and social; and to provide relevant strategic information to guide the response, particularly related to global design and practice, by supporting the monitoring and evaluation of the response and the strategic analysis. UNAIDS also fosters strategic partnerships with multiple stakeholders in health and non-health sectors, public and non-state entities in China and in relation to the China Africa

cooperation. UNAIDS also mobilises financial resources to support key HIV actions especially for civil society and through provision of direct technical assistance for strategic interventions.

## **Objectives of the Programme Coordinating Board visit to China**

The goals and objectives for this field visit were to:

- observe the realities of the epidemic in a highly concentrated epidemic of a high impact country;
- demonstrate the value of an integrated, multi-sectoral response and the role of UNAIDS-led UN Joint Team in support of the nationally-owned response;
- demonstrate innovative approaches in the AIDS response, including a very sophisticated surveillance system, city led responses, community-led approaches to the service delivery, in particular for key populations, public-private partnerships to raise resources for the response domestically and in the China Africa collaboration; and
- enable delegates to report back to the PCB on the work of the Joint Programme at country level.

### **Tuesday, 10 May**

#### **Meeting with the Resident Coordinator and the UN Country Team**

The 'Joint UN Team on AIDS' in China is known as the Core Management Team (CMT) on AIDS, established in 2009. It is composed of technical members of specific UN agencies participating in the AIDS response and convened by the UNAIDS Country Director. Currently, ten organizations are participating in the team, which are UNHCR, UNICEF, UNDP, UNFPA, UN Women, ILO, UNESCO, WHO, IOM AND UNAIDS. UNHCR joined in 2014. IOM has no programme and only participates in key meetings. The UN Joint Team works under the guidance and overall leadership of the Resident Coordinator.

Although the financial support from UN agencies to China decreased, technical and policy support of UN is still an essential part to China's AIDS-response. The UN Joint-Team on HIV in China developed a Joint-Work Plan (2014-2015), and monitored the progress of implementation



through quarterly meetings/discussions on specific topics. There is a 2016-17 Fast Track workplan developed by the UNCT. The Government of China has been working with the Joint Team in the development and finalization of its 2016-2020 AIDS Strategy. The Delegation had an introductory meeting with the Resident Coordinator and subsequently met with the entire UN Country Team to better understand and discuss the overall development priorities and challenges in China, including the impact of the SDG agenda for an upper middle income country, as well as the UN's support of the South – South Collaboration of China and the world with a focus on health and the role and priorities of the UN system on AIDS in supporting the national AIDS response.

Key issues discussed with the country team included:

- The challenges of keeping AIDS high on the political agenda and ensuring sustainability of the financing of the response – the commitment at highest political level of Premier and First Lady has been critical;
- The key role of the UN in supporting the development of a new focused, multistakeholder national AIDS strategy;
- The UN has a particular role to play in addressing sensitive political and social issues and supporting the multisectoral dimension of the response through its strategic policy advice and working across pillars;
- The Chinese Government is very interested in and appreciative of the best practice advice the UN offers;
- The HIV surveillance systems is excellent but challenges persist in going beyond people who already tested positive and focusing programmes on where the next infections will occur;
- The comparative advantage of the UN is not resource flows but rather integrated policy making linkages, advice across the SDGs, and demonstrating what works in pilots for subsequent Government scale-up e.g. for PreP;
- Comprehensive Sexuality Education only starts in high school (needed earlier) and is still limited in content but highly demanded by young people recalling the doubling of new infections in 15-19 years old over the past five years;

- 1/3 of the total annual global HIV tests are undertaken in China, but scale up of innovative and more efficient delivery systems to reach most at risk populations as well as rapid testing is required;
- Possible looming new infections: Transgender people, who are largely invisible in China and remain highly stigmatized, and female partners of men who have sex with men.

### **Meeting with the China Arica Business Council and Secretary General Eric Wang**

The China Africa Business Council (CABC) was established in 2006. Its mission is to guide Chinese enterprises regarding African markets and support operations of African enterprises with operations in China. It promotes China-Africa economic and trade exchanges through China-Africa and south- south cooperation.

At the end of 2015, CABC had 500 membership enterprises totaling 420,000 employees, 66,000 of them were working in Africa, including 58,000 local employees. The enterprises have invested in 36 African countries and established trade relations with 51 African countries. CABC provided services for these enterprises through provision of information, advocacy events and technical forums on trade and investment, and the facilitation of communication with African embassies and Chinese government.

CABC works closely with UNAIDS through the “Increasing Love for Decreasing AIDS Fund”. The Fund was jointly established in the beginning of 2015 in Beijing by nine sponsors dedicated to China-Africa friendship and the control and prevention of AIDS. It is the first international social benefit program under the China Social Assistance Foundation. CABC serves as the secretariat of this Fund. The Fund aims to contribute to the AIDS response with a focus on PMTCT, and promoting public benefits through non-governmental efforts such as mobilizing the youth and engaging Chinese investors in Africa.

Key issues discussed with CABC included:

- How to make core strengths of the private sector, including agility, ability to move rapidly and innovation, work more effectively for the AIDS response beyond employee care?
- Adoption of a UN Cares model within the private sector;
- Collaboration with OAFLA is key; it involves the leadership in China through the First Lady and connects to African leadership. This appeals to business leaders;
- The involvement of celebrities is also critical to spur the interest of the private sector.

### **Meeting with Danlan Gaymen's Network in Beijing**

Danlan is an NGO set up in November 2000 with UNAIDS support to advocate the LGBT community's rights in mainland China. In the early days, it already had 2 million registered members and has worked to become one of the most popular homosexual advocacy websites in China.

Danlan advocates a positive life attitude and a healthy homosexual lifestyle and focuses on the enhancement of self-esteem. It provides health knowledge and public welfare services and has successfully cooperated with governmental associations such as the Chinese Center for Disease Control and Prevention (CDC) and other public welfare organizations.

In 2012, it developed and launched an app called Blued, which is now a mobile Chinese gay dating application. The application is now available in Android, iPhone and Windows Phone. It became popular soon after launching. As of November 2014, the application has 15 million users. Danlan was the first NGO in China to bring together the concept of "internet+AIDS" and uses the platform of a significant dating app for gay men to raise awareness through a voluntary link to HIV prevention, including links to testing centres.

Key issues discussed with Danlan included:

- Movies and internet have been critical to progress in attitude on MSM;
- Coverage of court cases now includes coverage, eg. of same sex marriage court case, which the courts may not have accepted a few years back;
- The UN has been critical for the policy dialogue and shifts;
- Data security and confidentiality, including through encryption, is key to trust of users – one of safeties is that pictures disappear after a few seconds;
- Tests conducted by Danlan indicate 7-8 percent prevalence amongst MSM in Beijing
- Need to increase sexuality education in schools
- How to deal with female sexual partners of MSM? Is the apps response form on whether spouse has tested sufficient?
- Transition from NGO to social enterprise to ensure long term sustainability of work;
- Challenges amongst CBOs to register as NGOs

**Meeting with the Vice Minister of Health, Wang Guoqiang, the State Council on AIDS Working Committee Office and the National Health and Family Planning Commission**

To ensure a multisectoral response to HIV, China established a State Council AIDS Working Committee in 2004. The Committee is chaired by Vice Premier Mem Liu Yandong and comprises the Vice-Ministers of 25 key ministries (such as Ministry of Health, Education, Finance, Public Security, etc). Trade unions, women's federation, the youth league, the Red Cross, together with the Vice-Governors of the 11 provinces most affected by HIV/AIDS are also members.

The Committee is developing the key guidelines, strategies and plans for HIV/AIDS interventions and coordinating the national programme for HIV/AIDS prevention, treatment, care

and support. The Committee's office is set up in the National Health and Family Planning Commission (NHFPC), headed by Vice Minister Mr. Wang Guoqiang.

The NHFPC drafts laws and regulations for health and family planning as well as the development of traditional Chinese medicine. It is also responsible for planning the resource allocation of medical care, public health and family planning services; establishing a basic medicine system to standardize drug prices; formulating China's family planning policy; and supervising and administering public health, medical care and family planning services.

The NHFPC is currently leading the development of the next 5-year Strategy on AIDS 2016 - 2020. Discussions are ongoing between NHFPC, NCAIDS, UNAIDS and WHO on the feasibility of achieving the first '90%' as a target.

Key issues discussed with the Minister and NHFPC included:

- The importance of the upcoming UNGA HLM and the Political Declaration for the three zeros and ending the AIDS epidemic;
- China, as one of the fast track countries, supports a strong commitment in to ending AIDS in the UNGA;
- The critical importance of personal leadership and engagement of the Vice-Premier and First Lady to cross ministerial engagement;
- Challenges of the regional disparities in China in terms of HIV but also the rapid evolution of modes of transmission from essentially blood plasma to IDU related and now MSM;
- China is interested in best practices from other countries on how to address test and treat, self-testing and condom use amongst MSM;
- While easy to get broad societal commitment to financing for HIV programmes for women and girls, it is more challenging for MSM programmes;
- Challenging to ensure funding for social organisations.

- Significant progress in China on EMTCT and infections related to injecting drug use with more than 160,000 IDUs on OST, but sexual transmission, in particular amongst MSM account for an increasing part of new infections;
- The new action plan for the 2016-2020 Strategy is pending approval, but has focus on high risk groups and achieving the three 90s;
- Progress on MSM epidemic in China is key to achieve the three 90s – but also essential to develop a specific indicator system to monitor progress against this goal;
- Move to more sophisticated treatment regimens - one pill a day – access to affordable medicines is key;
- Complementary use of traditional Chinese medicines for pain alleviation and to render the patient more resilient.

### **Meeting with China AIDS Fund for NGOs and the Red Ribbon Forum**

China AIDS Fund for NGOs (CAFNGO) was established by the National Health and Family Planning Commission, the Ministry of Finance and the Ministry of Civil Affairs as a national public welfare special fund in June 2015 with aims to support NGOs to undertake education and communication activities, prevention interventions, testing and counselling among high risk groups, as well as care and support for people living with HIV/AIDS in accordance with national and local HIV/AIDS response plans and policies.

In 2015, 754 projects implemented by 467 NGOs from 30 provinces in China were funded by the CAFNGO. The focus of the work has been education and communication activities, prevention interventions, testing and counselling among high risk groups, and care and support for people living with HIV/AIDS. Nearly 385,000 target people are covered by the projects.

UNAIDS has been a partner throughout the process of design, establishment and operation of the Fund, including support funding mechanism study, development of M&E framework for the Fund, development of M&E guidelines for CBO led interventions among MSM, PWID, SW and PLHIV, collection and share of international experience in funding CSO, participation in

expert panel for proposal review. In addition, the UNAIDS Country Director acts as vice chair of Advisory Committee of the Red Ribbon Forum.

The Red Ribbon Forum was established with the support of UNAIDS in July 2010. It is a non-governmental organized platform for a long-term dialogue on HIV and rights. The purpose of the forum is to establish an open, respectful and orderly communication mechanism among multi-stakeholders, and to discuss and develop AIDS response strategy based on people-centered and right respected principles submitted to the government sector.

Other issues discussed included:

- The fund was part of Government's pledge to replace Global Fund grants for CBOs (acting as PR) with national funding;
- Civil society implementation of parts of the AIDS response is critical to effectively reach specific population groups, and communities are key to the population – location approach. The CAFNGO is considered to be a national public good, which allows for Ministry of Finance resources;
- Diversified sources of funding including from central government, private sector and support from international donors and organizations are key;
- Civil society is key to addressing the sensitive issues (Red Ribbon Forum is an important instrument) that often drive HIV infections and therefore it is key for a state to invest its own resources in this part of the response too;
- Challenges exist with regard to the sustainability and replenishment of the fund – attracting even higher levels of private sector funding is key;
- UNAIDS plays a key role in developing M&E frameworks for recipient organizations to ensure that transparent accountability mechanisms are in place.

### **Meeting with Development Partners**

The Delegation also met with development partners from US CDC – development collaboration is essentially technical support from PEPFAR and US CDC – the only remaining bi-lateral collaboration programme on AIDS in China, as well the China Africa collaboration.

99% of the funding for the national response is from Chinese sources, but UNAIDS and US CDC jointly support the Government in a number of technical areas of work, including in the area of strategic information to the Government and programmes targeting people who use drugs and MSM.

The US-CDC collaboration programme (US\$4m for 2016) is mainly implemented with NCAIDS and focuses on MSM in 5 provinces. It includes: size estimation (2 sites/province); cost-effectiveness analysis; development of a stigma index in collaboration with UNAIDS; and supports CBOs in HIV testing, treatment, care and support.

Gates Foundation plays an important role in supporting China-Africa health collaboration together with UNAIDS – this has included the establishment of advocacy collaboration between the First Lady of China and African countries calling for an AIDS free generation.

UNAIDS also supports embassies and the Chinese authorities to address issues related to HIV related restrictions on entry, stay and residence for foreigners living with HIV.

### **Wednesday, 11 May**

#### **Meeting with the China Chamber of Commerce, Medicines and Health Commodities: Import Export**

The Delegation also met with the Chamber of Commerce, Medicines and Health Commodities, Import Export to get an understanding of this dimension of the HIV related China Africa collaboration, as well as UNAIDS role in supporting South South collaboration and strengthened engagement of the private sector in the response.

The China Africa collaboration on HIV takes place within the broader China Africa collaboration. In 2015, China announced 10 major China-Africa cooperation plans for the coming 3 years, totalling 60 billion US\$. Within this bigger framework, local production of pharmaceuticals in Africa has been put into the strategic agenda under the area of public health.



The China Chamber of Commerce for Import and Export of Medicines and Health Products is the leading and most influential national trade association in China. It works directly under the Ministry of Commerce of China and has a diverse membership of more than 2,400 companies including most of the major manufacturers and trading companies of pharmaceutical and health products across China. It covers a range of products from traditional Chinese medicines (TCM), pharmaceuticals, preparations, medical devices and equipment, dressings, biopharmaceuticals, nutraceuticals, and functional cosmetics to health products.

Issues discussed during the meeting included:

- The role of China's pharmaceutical industry in research and development, an area where investments are now being scaled up;
- Challenges around after sales services of more sophisticated products, which was previously not an issue when collaboration focused on "low end" products;
- The incompatibility of regulatory systems frequently is a barrier to access customers – the UN's support on harmonization of regulations is critical;
- Clear demand articulation remains a challenge in many countries;
- The role of traditional Chinese medicines (TCM) receives considerable interest in Africa but registrations remain a challenge – also needs to be very clear what TCM can do and what it cannot in the context of HIV – they can only supplement ARTs – not replace them.

### **Meeting with Beijing Health and Family Planning Commission**

As the capital of the People's Republic of China and one of the most populous cities in the world, by the end of 2015, Beijing had a population of some 21.705 million residents and the life expectancy age reached almost 87 years. Beijing is the largest science and technology research base in the country.

As the most developed region in education around the country, Beijing is the national leader in making the nine-year compulsory education universal. Beijing has 89 general universities

including the most famous in the country, such as the Peking University, the Tsinghua University, the Renmin University of China and the Beijing Normal University. The regional exchanges between Beijing and the other countries around the world have been strengthened increasingly in economy, trade, science and technology, education and culture, etc. under the comprehensive, multi-level and wide-ranging external relationship.

As a national capital, an international city, a historic and famous cultural city, Beijing attracts tens of millions of migrants moving to live, work, study but also for health services.

The first HIV case was reported in 1985 in Beijing. Since then, 18,399 cases have been cumulatively reported as of 31 October 2015. By 31 October 2015, the total number of people currently living with HIV was 13,106. In 2015 a total of 4.37 million people were HIV tested, some 20% of total population in Beijing. Of these, 3,669 people were found to be HIV positive.

Potential HIV transmission is significant due to the sheer size of key populations: Size estimation numbers for 2015 of men who have sex with men (MSM) are 115,000, female sex workers (FSWs) are 44,000, 297,000 clients of female sex workers and people who inject drugs (PWID) are 10,800 (2015). The HIV prevalence among MSM has been increasing, and reached over 10% since 2012; Sexual transmission is the primary route of transmission, accounting for 96% in 2015, among of which, homosexual transmission is over 75% in 2015. The number of PLHIV reported from people aged over 60 years old and young students have been increasing.

The HIV surveillance system in Beijing reflects the very effective data collection system of the national response. In 2015, a total of 4.3 million HIV tests (up from 2.1 million in 2010) were undertaken, some 20% of total population in Beijing. Of these, 3,669 people were found to be HIV positive. Of the PLHIV, who know their status and are eligible for ART (cd4<500) 95% have started ARV treatment, 99.4% of PLHIV on ART received a viral load test and more than 95% of PLHIV are maintained on treatment 12 months after initiation of ART.

The Delegation discussed the following issues with the Beijing Health and Family Planning Commission:

- Very significant results in EMTCT and preventing new infections relating to injecting drug use in Beijing. In 2015 no babies were born with HIV amongst Chinese nationals and there were no new HIV infections amongst the 4,000 IDUs enrolled into methadone substitution treatment programme; foreigners are still excluded from the HIV programme.
- Of 4.3 million HIV tests undertaken in 2015, some 30,000 were undertaken by CBOs – these population location targeted tests are highly effective and some 30% of the total new HIV infections were found in these tests;
- The advocacy work of the First Lady has been key to raise awareness of HIV in universities and at large political leadership from the top has motivated civil society to engage in response and motivate people to test;
- It will be very challenging to reach the three 90s in particular that 90 per cent of PLHIV know their status;
- For fast tracking the response, the Commission is looking to UNAIDS to support with testing policies for service provision by non-professionals, as well as more clarity on different virus strings.

### **Visit to You'an Hospital**

The PCB delegation visited the You'an Hospital in Beijing and engaged with staff, the CBOs working on site and patients. The hospital had its first HIV case in 1990. The number of HIV patients has increased to over 5,000. MSM constitute 89 per cent of the patients.

The Hospital has made efforts in the treatment and service provision to PLHIV and MSM, in particular. It has an ARV medical center and the You'an AIDS Family and Tianyuan Studio (two CBOs) which provide a "one-stop-shop" for services. The Hospital is in many ways an excellent "three in one" solution with NGO, CBOs and health workers on the same premises. The integrated services mean fewer patients lost to follow-up.

The Delegation also interacted with HIV positive mothers enrolled in the PMTCT programme as well as the staff running the programme.

Because of its work with the MSM community, the Hospital will receive the "Barry & Martin's Trust" award –for excellence in AIDS education, prevention and care.

### **Meeting with the Red Ribbon Foundation and Chinese Enterprises against AIDS**

The China Red Ribbon Foundation is a national philanthropic fund organization engaged in AIDS prevention and control. The foundation aims to mobilize resources and advance AIDS prevention and control by actively raising funds and materials and cooperating with government on implementation of AIDS prevention and control strategy. The foundation focuses on supporting and promoting AIDS prevention and control work in remote and poverty-stricken areas, and also aims to establish the good image of private enterprises that actively bear social responsibility and protect people's health and improve people's quality.

The foundation has saved and resettled thousands of HIV-affected children and assisted in the construction of many schools, hospitals and village clinics in areas heavily hit by AIDS. At the same time, it has actively carried out AIDS prevention publicity and education activities, distributed CRRF 'health bag' for millions of migrant workers in 31 provinces and autonomous regions, conducted PMTCT Project for women of childbearing age in areas severely affected by AIDS and utilized a variety of mass medium to intensify propaganda. CRRF also nominated many celebrities as Ambassadors who actively participate in the advocacy campaigns.

The collaboration with UNAIDS focuses on advocacy events, including the advocacy events on HIV prevention among universities students organized by CRRF.

Key issues discussed with the Red Ribbon Foundation included:

- The importance that enterprises include HIV awareness and prevention as company policy;
- Enterprises can contribute to reduce stigma by their recruitment policy and telling positive stories about HIV positive staff;
- The workplace is an effective platform for engaging on HIV;
- Migrant workers experience higher HIV incidence and can be targeted through enterprises;
- Government leadership is key to demonstrating the example, and the role of media is equally critical;
- Private companies bring more than finances to the response, they also bring innovation and inspiration;

### **Meeting with civil society partners and CBOs from outside Beijing**

The Delegation met with a broad range of civil society partners and CBOs from outside Beijing to appreciate the response and the challenges outside the capital and successful and innovative community led approaches in the delivery of HIV prevention, treatment, care and support services.

While the Government, through the Chinese Ministry of Health and Chinese Center for Disease Control and Prevention (China CDC), still remains the main service provider in China's AIDS response, there has been increased recognition from the Chinese government that the AIDS response requires involvement from of all society, including civil society organizations (CSOs).

Over the past 20 years, CSOs working on HIV/AIDS have emerged and expanded to take an increasingly important role, especially in service delivery, and are now widely involved in nearly all aspects of HIV/AIDS-related prevention and control efforts.

The political environment for Chinese CSOs working on HIV/AIDS has generally been expanding since the severe acute respiratory syndrome (SARS) outbreak in 2003. There

have been strong political statements from senior government as well as supportive AIDS-specific policies and regulations. However, beyond the AIDS field, the legal environment for CSOs still remains rather restrictive.

Funding to AIDS CSOs has been increasing before 2013, with a large proportion coming from international sources. There were various international organizations, including the United Nations system, and various foundations (Ford, Clinton, Bill and Melinda Gates) and bilateral programmes, providing support to AIDS CSOs in China. With the rapid and nearly complete withdrawal of international donors, the funding to AIDS CSOs shrank significantly; it was estimated funding for CSO reduced by 90% to only 2 million USD in 2014, mainly from government funding at both central and subnational levels.

Issues discussed with civil society and CBOs included:

- There is progress in government funding to CBOs working on HIV; even if legal barriers persist, many CBOs continue to work unregistered;
- Maintaining the spirit of activism amongst CBOs is important;
- UN's advocacy with the government is critical to ensure a sustainable response, including the CBO component – funding for CBOs is fragile and the NGO Fund is not enough;;
- GFATM funds were key to mobilise CBOs. With GFATM departure the Country Coordination Mechanism (CCM) has ceased to exist and civil society has been weakened and its voice been shrunk and with less space space to dialogue with government;
- Mandatory HIV tests for civil servants contribute to stigma and set a damaging example for other sectors;
- The increasing number of young people acquiring HIV is a major concern and sexuality education starts too late – comprehensive sexuality education is demanded by young people;
- How to reach the young people that do not enter university?
- The AIDS response in China gets very little international attention;

- The surveillance and reporting systems are efficient but they focus on actual new HIV cases rather than modelling – this approach is too passive and not effectively addressing trends, as they happen;
- UN evidence on the link between reduced stigma and reduced HIV incidence can be a game changer;
- Concerns were raised that in parts of the country, HIV positive children cannot attend school;
- Concerns that the official number of commercial sexworkers is significantly underestimated and law enforcements use of condoms as evidence of sex work decreases condom use amongst sexworkers.

### **Meeting with China CDC and NCAIDS**

The Delegation met with China CDC and NCAIDS leadership and discussed the collaboration between UNAIDS and the institutions, including analysis of funding allocation and expenditure of AIDS funding in priority areas in China, putting in place a China-specific HIV EPP/SPECTRUM model developed and used for HIV estimations and projections to inform planning and programming at central and provincial levels. The collaboration also developed a study on the determinants of HIV/AIDS transmission and existing response strategies among Men who have the sex with men (MSM) in selected cities in China; a study on Universal Access to ARVs in China: Beyond 2015; and a study on the relation between Community-based Organizations and Centres for Disease Control and Prevention in AIDS response in China.

The discussions with CDC and NCAIDS included the following issues:

- In China, the epidemic has been changing very rapidly;
- AIDS remains a top priority as there is still difficulty in dealing with sexual transmission, in particular amongst young people, and social norms;

- Considering the important role of social determinants of the AIDS epidemic, social scientists need to be brought much more closely into the response and engaged already at the level of data collection and analyses;
- More of the response must be done with CBOs;
- Given the high rates of sexual transmission amongst young people, there is a clear role for the Ministry of Education in the response;
- The three 90s are likely to be part of the China 2016-2020 Strategy albeit concerns on achieving the first 90;
- Attention needs to be paid to transgender and female partners of MSM that are at high risk of HIV infection;
- China is also likely to adopt a test and treat approach – currently 20,000 PLHIV are on ART and TCMs. China uses TCM only for PLHIV who do not tolerate ART;
- China's diversity between modern cities and rural areas poses challenges in the response that needs a large extent of diversification.
- A call to Government to show the lead by changing the policy guideline that asks for HIV testing for civil servants prior to employment and for not employing anyone found to be HIV positive
- CDC started to engage in technical health cooperation (e.g. West Africa). Sustainability is a key component of CDCs interventions but remains, as for many other cooperation agencies, challenging and thus has to be looked at closely.



## **Conclusions from the Field Visit**

The PCB Delegation concluded its visit with a discussion with the National Health and Family Planning Commission and NCAIDS on the key take away messages and lessons learned:

- 1) A rapidly evolving HIV epidemic – need to stay vigilant
  - a. China's HIV epidemic started in IDU, moved to blood plasma and heterosexual transmission and now rapid increase among MSM;
  - b. Constant and – compared to other countries – rapid evolution of the epidemic as the society evolves rapidly;
  - c. Vigilance for possible new groups vulnerable to HIV, including female partners of MSM and transgender ;
  
- 2) China 2016-2020 Strategy
  - a. Important evidence based input from the Joint Programme to the draft Strategy (based on international best practice) to be reflected in final version;
  
- 3) Data – strategic information
  - a. Very impressive data collection and surveillance systems – 1/3 of global HIV tests carried out in China;
  - b. Very good understandings of own epidemic globally but need to move from actually recorded cases to modelled estimates, as it is done in most other countries, in order to have realistic estimates that serve as foundation for programmatic action and evaluation;
  - c. Need to enhance the data analysis, including interdisciplinary analysis, and the share of analysis, by drawing on UNAIDS' capacity in this area;
  - d. Data shows impressive results in reducing new HIV infections and prevalence in IDUs as well as with EMTCT – 0 babies born with HIV in Beijing in 2015

- e. Need to invest based on a “location/population” scheme and return on investment – focus on MSM in cities – most effectively reached through CBOs.
- 4) Mobile Populations (migrants)
- a. Significant mobile populations increase risk of HIV – increases number of partners and put partner at home at risk
- 5) Transgender Women
- a. Issue throughout South East Asia and Latin America and major vulnerability to HIV is well documented in studies with infection rates up to 50 times higher than overall population;
  - b. Yet, transgender is largely invisible in China– underground - important to develop size estimations.
- 6) Women at risk
- a. Intimate partner transmission - heterosexual transmission remains the largest population infected
  - b. Female partners of gay men and other MSM
  - c. Female partners of male mobile populations - especially truck drivers etc
  - d. Intimate partner violence
- 7) City based responses
- a. Impressive results in Beijing – real population / location approach in action;
  - b. Remarkable difference between 26 per cent of new infections in MSM at country level but 75 percent in Beijing – very concentrated epidemic;
  - c. Possible piloting of pre-exposure prophylaxis for MSM while continue to ensure a focus on combined prevention;
  - d. Many MSM have female partners – need to rapidly plan ahead as this is likely to be the next major risk group.

8) Partnerships - CBOs

- a. Impressive work by CBOs – population / location in action e.g. by Danlan, using the media used by target group;
- b. In Beijing, CBOs conducted 30,000 of 4.3 million tests in 2015 yet found 30 per cent of new HIV cases;
- c. Very effective as targeted towards population where infections are and has the trust of this group, which therefore seeks services;
- d. In reaction to the exit of the GFATM from China, the Government has introduced a CBO fund, which is commendable. May need to revisit reporting burden put on CBOs. Despite of the fund, major concern on CBOs' sustainability – most are volunteers, important to have clear and stable funding flow – best can move on to become social enterprises, but current NGO fund is not sufficient.
- e. With the exit of the GFATM from China, the Country Coordination Mechanisms has ceased to exist and left a gap in terms of communication and coordination between government, CBOs and other relevant partners.

9) Engagement of the private sector – public private partnerships and cooperation with Africa

- a. Important engagement of the private sector in the AIDS response in China as well as in Africa – much energy, initiative and many resources;
- b. Valuable role of UNAIDS to provide to the private sector strategic information on the AIDS epidemic globally and in geographic areas where they are present (e.g. Africa) and share best practices how to engage in a meaningful and sustainable way;
- c. May need to think about code of conducts or principles or engagement of the private sector engaged in the area of HIV/AIDS in order to ensure engagement that is evidence-based, sustainable and that doesn't address HIV/AIDS in isolation.

10) Stigma and Discrimination:

- a. Civil service discrimination on the non-recruitment of PLHIV
- b. Restriction on the stay of foreign people living with HIV beyond 30 days including students. In spite of the China Law in line with the removal of travel restrictions in 2010, it is mandatory for foreigners to be tested for HIV. Whether they stay or not, is dependent on the national authorities. Deportations still take place.

11) Young people:

- a. A number of HIV/AIDS prevention programmes focus on Universities. While it is important to keep this important focus prevention in- and out-of schools should start at earlier age and HIV prevention systematically be integrated into broader sexuality education.

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